

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031250

STATE FILE NUMBER

FILED SEP 12 1958

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 2257

00-3
S. 306
v. 1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirkwood 4008
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1100 N. Drive		Length of stay in lb 20 Yrs.	d. STREET ADDRESS (If outside, give location) 1100 N. Drive
3. NAME OF DECEASED (Type or print) First Middle Last MILDRED ELLEN AMBS			4. DATE OF DEATH Month Day Year 8-27-1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 11, 1878
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) St. Louis Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles Alvord	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Raymond J. Ambs	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address R.A. Ambs 1100 N. Drive Kirkwood Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage left			INTERVAL BETWEEN ONSET AND DEATH 10-m
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic vascular disease		chr
	DUE TO (c) 331X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from July 1957 , to Aug 27 1958 and last saw ^{her} / _{him} alive on Aug 27 1958 Death occurred at 9/25/58 own m on the date stated above; and to the best of my knowledge from the causes stated			
22a. SIGNATURE (Degree or title) W. Seabough MD		22b. ADDRESS Webster Groves Mo	22c. DATE SIGNED 8/28/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-30-1958	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo
24. FUNERAL DIRECTOR ADDRESS Parker-Aldrich Webster Groves Mo.		25. DATE RECD. BY LOCAL REG. 8-29-58	26. REGISTRAR'S SIGNATURE Herbert R. Donk M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Color, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student

Signature of Student Embalmer

Signed *Leslie Hesch*

Licensed Embalmer No. *4395*

P. O. Address *Whiter Grove*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above, constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.